

# **EXHIBIT C**

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COMMONWEALTH OF KENTUCKY  
HARDIN CIRCUIT COURT  
DIVISION THREE (3)  
CASE NO: 04-CI-00214

AMY CURRY, and  
DAIMA CURRY, her husband,  
individually and as next  
Friend of GERALD CURRY age 9  
and KEYONA DURRY age 2, her  
Children

PLAINTIFF

VS.

WYETH, INC., et al

DEFENDANTS

DEPOSITION FOR DEFENDANTS

DEPONENT: KEITH ALTMAN

DATE: MARCH 4, 2005

REPORTER: TREVA L. BELANGER

FULTON BELANGER & ASSOCIATES

1310 NAVAJO COURT

LOUISVILLE, KENTUCKY 40207

(502) 897-1303 OR 1-800-726-0391

1 Q. And then there are certain reports  
2 that you run at the request of attorneys; is that  
3 right?

4 A. That's correct.

5 Q. Okay. And the work in terms of  
6 taking the data from Wyeth's databases and putting it  
7 in a format so that you can run reports, that was all  
8 done at the request of attorneys; is that right?

9 MR. ADAMS: Objection to form.

10 A. Yes.

11 Q. And which of the reports that you  
12 have run were done specifically for the Curry case?

13 A. I think there were a few reports  
14 that we just added today, which I did fairly recently  
15 since you were provided your disk the last time, and  
16 those were specifically done at the direction of  
17 counsel fairly recently.

18 Q. And what are those reports about?

19 A. The first report -- and I  
20 conventionally, to keep things easy so that we  
21 understand, these are all based on CDSSS. I always  
22 use Exhibit 4195 as the prefix, so what's I've called  
23 Exhibit 4195Q are accounts of pulmonary hypertension  
24 reports and pulmonary hypertension reports that I've  
25 sent to the FDA.

1           A.           When you say summarized, I've done  
2       charts that -- I have done some charts that count up  
3       the number of ADEs post withdrawal. I have also done  
4       other charts that are not really summarized, which  
5       are just purely narratives, this is what the  
6       narrative said. It's not -- I wouldn't call that a  
7       summary. It's just a listing of the narratives of  
8       those reports.

9           Q.           Is it your understanding that Wyeth  
10      did ADEs based upon legal complaints that it  
11      received?

12          A.           That is my understanding, that's  
13      true.

14          Q.           And do you know how many of the  
15      post withdrawal ADEs for Pondimin and Redux relate to  
16      legal complaints?

17          A.           I do not. There isn't a -- I don't  
18      know that there's an easy way to tell that, per se.  
19      I think it's clear -- I think it's in the narratives  
20      if it came from a legal complaint. But I don't know  
21      that there's a systematic way to determine all of the  
22      reports for legal complaints.

23          Q.           Did you ever attempt to -- in any  
24      of the charts that you did that talk about reports  
25      received post withdrawal, make any notation of when

1 something was derived from a legal complaint versus a  
2 report from a medical provider or another source?

3 A. I believe for the charts that I did  
4 that were surgery reports with narratives, I believe  
5 you can read that for yourself in the narrative.  
6 That would be the same way that I would have to tell  
7 whether it was a legal complaint; so no, I didn't  
8 systematically do that.

9 Q. Now, other than -- let's aside the  
10 one for narratives, because you have done charts  
11 where you summarize ADEs where you present data on  
12 their total numbers without presenting any  
13 information from the narratives; is that right?

14 A. That is correct.

15 Q. And for those, there is nothing  
16 where you say some percentage of the total reports  
17 were legal complaints or not legal complaints; is  
18 that right?

19 A. That's correct.

20 Q. And when it comes to the  
21 narratives, the narrative is not the only place in an  
22 ADE where you would look to see if something was  
23 derived from a legal complaint; isn't that right?

24 A. There's -- I don't believe there is  
25 a box on a med watch ^ CHECK form for that.

1           Q.       What about the box where you list  
2     the reporter?

3           A.       Well, since I don't get the  
4     reporters I have no way to know. Some of the  
5     reporters were redacted before being provided to me,  
6     so I would have no way to know who the reporter is.

7           Q.       Well, the name of the reporter is  
8     redacted, but there's still information as to whether  
9     it's a health care provider or a consumer or a  
10    lawyer; right?

11          A.       I'm not sure whether there's an  
12    indication whether there's a lawyer or not. I would  
13    have to check out the database, which we could do if  
14    you wanted.

15          Q.       And to this point, you've never  
16    done that kind of analysis?

17          A.       Nobody has asked me to do so.

18          Q.       That's not surprising to you given  
19    that the people that asked you to do any of these  
20    analyses or run any of these reports are plaintiff's  
21    lawyers?

22                   MR. ADAMS: Objection to form;  
23    speculation.

24          A.       I have no idea why or why I was not  
25    asked or would have been asked or anything.

1           Q.       Is it correct that the people who  
2       have asked you to run all of these reports are  
3       plaintiff's lawyers?

4                   MR. ADAMS:  Objection to form;  
5       speculation.

6           A.       No, it's not correct.

7           Q.       Okay.  You have been asked to do  
8       reports for a plaintiff by plaintiff's lawyers or  
9       people working for plaintiff's lawyers?

10          A.       I think the vast bulk of them,  
11       that's true.  I may have been asked by some experts  
12       to provide information.  I just don't recall  
13       specifically.  But yes, if you're asking me was it  
14       generally connected with plaintiff litigation, yes.

15          Q.       I'm sorry, maybe I lost you.  You  
16       said that there had been some changes to your CV in  
17       the last couple of weeks?

18          A.       Well, that was the testimony of  
19       Pittman.

20          Q.       Okay.  And that's the only other  
21       change?

22          A.       I believe that's it.  Well, there  
23       was one other thing.  I mean I testified at the  
24       Federal Rules Committee to change the federal rules  
25       on electronic information, but I don't know if that's

1 necessarily have direct contact with.

2 Q. How is that set up; do you go  
3 through somebody; do you have contact?

4 A. There are other consultants who ask  
5 me to do -- you know, who may ask me to do various  
6 safety analyses or things like that.

7 Q. Okay. Just so I understand, the  
8 way it works is you are kind of subcontracting to  
9 somebody who is a consultant to a drug manufacturer;  
10 is that right?

11 A. Yes. In some cases, that's  
12 correct.

13 Q. Are you a direct consultant to any  
14 drug manufacturers?

15 A. I don't know. I don't know the  
16 exact relationship. I don't know, I don't think the  
17 check comes directly through the manufacturers, but  
18 I'm in the loop with the manufacturer and the  
19 consultants.

20 Q. Have you ever been a consultant  
21 directly to a drug manufacturer?

22 A. On my own, no.

23 Q. Well, has -- you're still with  
24 Finkelstein and Partners; right?

25 A. That's correct.



1 something where you noticed it and brought to their  
2 attention; is that right?

3 A. It was a very serious defect in the  
4 way they had been producing the data, so serious that  
5 they have abandoned that, what they were doing. They  
6 had to change completely and redo the way they were  
7 doing things.

8 Q. My question was just simply that  
9 was something you noticed and brought to their  
10 attention as opposed to them asking you to conduct an  
11 analysis of their system?

12 A. That's true.

13 Q. Okay. That's fine.

14 Has the nature of your relationship  
15 with Finkelstein and Partners changed at all?

16 A. No. I'm an employee of the firm.

17 Q. And what's your exact title there?

18 A. I've been going under the director  
19 of adverse event analysis.

20 Q. Okay.

21 A. I don't have a clear cut -- I don't  
22 have a clear cut title.

23 Q. And are they still a plaintiff's  
24 personal injury firm?

25 A. That's correct.

1 Q. Have you had any formal training  
2 since October of 2003?

3 A. What do you mean by formal?

4 Q. Do you have any new degrees; have  
5 you taken any new for-credit-classes; do you have any  
6 formal training?

7 A. In what?

8 Q. In anything.

9 A. Yeah. I'm currently in law school.

10 Q. Okay. And when did you start law  
11 school?

12 A. October of 2003.

13 Q. Where are you in school?

14 A. Concord School of Law.

15 Q. I'm sorry, I've never heard of it.  
16 Is that a correspondence school?

17 A. Yes.

18 Q. Is it an Internet school?

19 A. Yes.

20 Q. And when do you expect to graduate  
21 from this Internet law school?

22 A. December of 2007.

23 Q. Okay. I don't know that we really  
24 got there, but last time when you were deposed there  
25 were a number of questions about your departure from

1 Fibonacci Systems and your -- certain information  
2 that they might have in their possession that you  
3 said you weren't able to obtain and you were going to  
4 try to find it. Did you ever any contact with  
5 Fibonacci Systems looking for any of that stuff?

6 A. No, I did not.

7 Q. And when you were at Fibonacci you  
8 did some work for defense, and then after a while it  
9 really became all for plaintiffs; is that about  
10 right?

11 A. Some work for defense. I've not  
12 ever worked for the defense in a personal injury  
13 context.

14 Q. Okay. And maybe I was wrong then.  
15 When you were -- when you worked on breast implant  
16 litigation, that was for defendants?

17 A. No, that was for plaintiffs.

18 Q. Oh, I'm sorry. So on your CV when  
19 it says, assist in preparations for trials for  
20 Baxter, 3M and Bristol-Myers Squibb, you're not  
21 really saying on behalf of them as --

22 A. As preparing the trials for each of  
23 those three -- against each of those three defendants  
24 which have completely different sets of exhibits and  
25 things like that.

1 Q. So when you say assisted in  
2 preparation for trials for Baxter, 3M and  
3 Bristol-Myers Squibb, it really should be against  
4 Baxter, 3M and Bristol-Myers Squibb?

5 MR. ADAMS: Objection to form.

6 A. I can see your confusion, yes.

7 Q. Okay. Well then let's go back to  
8 this. You have never done any consulting work on  
9 behalf of a defendant in a personal injury lawsuit?

10 A. If I did it would have been very  
11 minimal. I mean there could have been some inquiries  
12 that I fielded on behalf of some people that could  
13 have been used for that, but not substantive to the  
14 same level that I've worked.

15 Q. Uh-huh. So when we look on your  
16 CV, it talks about various individual litigations and  
17 breast implant. It doesn't specify the party, but we  
18 know it's really for the plaintiffs; right?

19 A. That's correct.

20 Q. And for Phen-Fen you actually do  
21 say it's a plaintiff consultant. But for Propulsid,  
22 Rezulin, MTBE, Cooper Tire, Lotronex, PPA, they call  
23 Accutane, OxyContin, Vioxx, Celebrex, Lariam, Enbrel  
24 ^ CHECK, Remicade and Neurontin, it doesn't identify  
25 who you worked for; is that right?

1 A. I do.

2 Q. Okay. And that was something that  
3 you hadn't seen for about five years before that?

4 A. That's correct.

5 Q. Okay. Do you have --

6 A. And haven't seen it since.

7 Q. Do you have a document like that  
8 for the meaning of the fields in the SQ database?

9 A. No, I don't believe they provided  
10 such a field.

11 Q. How do you know what the fields  
12 mean?

13 A. I've worked on probably eight or  
14 ten adverse event systems of various different kinds,  
15 and based on my experience in working with those  
16 databases, the fields are fairly clearly labeled as  
17 to what they are. It's not really a -- I hate to use  
18 the term rocket science, but it's not rocket science  
19 to figure out what most of the fields are.

20 Q. It's not astrophysics, huh?

21 A. It's not astrophysics.

22 Q. I think we're up to eight. Do you  
23 have anything for eight?

24 A. Other than --

25 Q. Anything else for eight?

1 Q. 14, retention agreement. Do you  
2 have any retention agreements with plaintiff's  
3 counsel?

4 A. No.

5 Q. Just oral?

6 A. Just oral.

7 Q. All communications between you and  
8 representatives of plaintiffs. Do you have anything  
9 in writing relating to your communications?

10 A. Other than transmittals of the  
11 various reports, no.

12 Q. Okay.

13 A. Doctoral.

14 Q. I'm sorry?

15 A. Doctoral.

16 Q. Where does it say doctoral at?  
17 That's funny. I don't know how that one slipped in  
18 there.

19 A. I've been called anything and  
20 everything.

21 Q. You are definitely not a doctor;  
22 right?

23 A. I am definitely not a doctor.

24 Q. Let me show you what we got as a  
25 summary of your testimony for the Curry case. It's a

1           Q.       But you know that the FDA had  
2       received Pondimin, pulmonary hypertension reports  
3       before that time?

4           A.       This is reflective of the database  
5       that you provided, and the database you provided  
6       doesn't indicate that.

7           Q.       Is it your understanding that  
8       before July of 1991, FDA had received from Wyeth or  
9       predecessor multiple reports of pulmonary  
10      hypertension with Pondimin?

11          A.       I would have to -- I would have to  
12      check that. I don't have an understanding one way or  
13      the other.

14          Q.       So R wasn't meant to -- I'm sorry.  
15      4195R wasn't supposed -- meant to reflect the total  
16      number of pulmonary hypertension cases actually sent  
17      to the FDA. Only the ones noted in the databases  
18      have ^ CHECK been sent to the FDA?

19          A.       I don't know why there would be a  
20      distinction between the two.

21          Q.       Whether you know why there would be  
22      a distinction between the two, the answer is yes, it  
23      was intended to reflect only as indicated in the  
24      database, not necessarily the truth?

25                   MR. ADAMS: Objection to form.

1           A.           You know, a company conducts its  
2   safety surveillance based on its database. If its  
3   database isn't the truth, then I think there's bigger  
4   problems here than what we're talking about. I mean  
5   I take Wyeth at its word that this database is  
6   accurate and how it did things, so that is what the  
7   database shows.

8                       MR. ALEXANDER: Well, move to  
9   strike as nonresponsive.

10           Q.          You don't have any information here  
11   about reporting in the '80s, do you?

12           A.          That is correct.

13           Q.          Okay. So you're starting with zero  
14   even though pulmonary hypertension reports for  
15   Pondimin had been sent to the FDA in the 1980s?

16                       MR. ADAMS: Objection to form and  
17   foundation.

18           A.          I don't know whether that's true or  
19   not.

20           Q.          Wasn't relevant to you?

21                       MR. ADAMS: Objection to form.

22           A.          If it was not in the database, I  
23   would say it was not in the database. This is a  
24   report from the database.

25           Q.          And when you talk about tallying up



1 reports sent to the FDA, you're only including what  
2 an actual, full ADE was sent to the FDA during this  
3 time period of January of '90 through July of '96; is  
4 that correct?

5 A. No, that's not true.

6 Q. Okay. Then how else do you  
7 account -- what else counts for this?

8 A. Well, in fact, I credited Wyeth  
9 with three reports from the increased frequency  
10 report done in 1991, even though, to the best of my  
11 knowledge, they never sent an actual adverse event  
12 report in, and the database does not reflect that  
13 they were reported. But I did, in fact, know that  
14 that was true and I did -- and as far as in this  
15 particular chart, I reviewed the periodic reports for  
16 this period of time and verified how many were  
17 actually sent in.

18 Q. In August of -- August and  
19 September of 1995, Wyeth provided to the FDA a list  
20 that there were 52 reports of pulmonary hypertension  
21 reported for Pondimin. That wouldn't be reflected  
22 here?

23 MR. ADAMS: Objection to form and  
24 foundation.

25 A. It's not in the database.

1 Q. So it wouldn't be reflected on your  
2 chart 4195R; correct?

3 A. I don't know it happened.^ CHECK

4 Q. Okay.

5 A. I just don't have any knowledge.

6 Q. And it wouldn't be reflected on  
7 4195Q either that Wyeth informed the FDA in 1995 that  
8 there had been 52 reports of pulmonary hypertension  
9 with Pondimin?

10 MR. ADAMS: Objection to form.

11 A. I don't know that that happened, so  
12 I -- that is what's in the database.

13 Q. Okay. So because you don't know  
14 that it happened, it wouldn't be reflected in 4195Q  
15 or R --

16 MR. ADAMS: Objection.

17 Q. -- is that right?

18 MR. ADAMS: I beg your pardon.

19 Objection to form; a mischaracterization of  
20 testimony.

21 A. Your database is your database.  
22 That's what is in the database. I can -- it's that  
23 simple. It's the database.

24 Q. Well, look at the numbers. You  
25 don't ever get to more than 50 cases in 4195Q or R

1 pulmonary hypertension reports for Dexfenfluramine  
2 and Fenfluramine together sent to the FDA is not at  
3 all reflected on 4195Q and R?

4 A. 4195Q and R reflects what is in  
5 CDSSS.

6 Q. For Pondimin only?

7 A. What is in CDSSS for, Pondimin  
8 and/or Redux. That's the database that was provided.  
9 If it's in there, it's in there. If it's not, it's  
10 not.

11 Q. Do you know it to be correct that  
12 within the time frame covered by these two printouts  
13 through July of '96, the FDA was aware of more than  
14 150 total pulmonary hypertension reports for  
15 Fenfluramine or Dexfenfluramine?

16 MR. ADAMS: Objection to form and  
17 foundation.

18 A. I haven't looked at the numbers. I  
19 don't know what the numbers are.

20 Q. In fact, that number certainly is  
21 not reflected on the 4195Q or R?

22 A. 4195Q or R reflect what is in the  
23 database.

24 Q. And the highest number that you're  
25 representing was known to the FDA based upon what

1       you've described here as cumulative pulmonary  
2       hypertension reports is just over 20 by July of '96;  
3       is that right?

4                       MR. ADAMS: Objection to form; a  
5       mischaracterization.

6               A.       If that is what is in your database  
7       and that's what's in your periodic reports, that's  
8       what's reflected there.

9               Q.       And in fact if the correct number  
10       by July of '96 isn't just over 20 but it's more than  
11       150, 4195Q and R would be wrong?

12                      MR. ADAMS: Objection to form; a  
13       mischaracterization.

14              Q.       Is that right?

15              A.       I don't agree with that.

16              Q.       Just looking at 4195S, it talks  
17       about the most frequent ADE terms, and the first one  
18       is pulmonary hypertension through March of '95. Keep  
19       in mind that we talked about that the way the CDS was  
20       produced was it was a snapshot as of '98 and as of  
21       1999.

22                      Now, when you say through March of  
23       1995, are you talking about the terms that were  
24       actually used in the reports as of that time, or are  
25       you talking about based upon the database as it

1 detailed terms, top ten detailed terms?

2 A. I don't think there would have been  
3 a difference. I mean I think they call hypertens,  
4 pulm instead; and cardiovascular, DIS, I think is the  
5 different term, but we could certainly do such an  
6 analysis.

7 Q. Is aortic insufficiency a detailed  
8 term or a preferred term?

9 A. Oh, I'd have to sit and look at the  
10 chart.

11 Q. Is valvular heart disease a  
12 detailed term or a preferred term?

13 A. I'd have to look at the chart. I  
14 don't remember.

15 Q. Now, you talked about not having  
16 information about reports from prior to 1990. 4195T  
17 has 46 reports prior to 1990, doesn't it?

18 A. You know, you're right. Okay.

19 Q. How can you reconcile that?

20 A. Well, then -- that's not in the  
21 database.

22 Q. Well, it says right here the title  
23 for 4195T --

24 A. No, I understand what --

25 Q. Hold on. I'm not done.

1                   It says right here on the title for  
2     4195T, all Pondimin ADE reports in CDSSS through  
3     3/1/95, and it includes 46 events that were received  
4     before 1990, doesn't it?

5           A.       You're right. I had forgotten  
6     that. Then, you know, getting back to your question  
7     you asked me before, that your database does not  
8     reflect the fact that they had sent Pondimin reports  
9     to the FDA.

10          Q.       How many of these first 46 Pondimin  
11     reports relate to pulmonary hypertension?

12          A.       None, according to your database.

13          Q.       Well, I'm talking about actually  
14     looking at the reports. Do you know if any of them?

15          A.       Yeah.

16                   MR. ADAMS: Objection to form and  
17     scope.

18          A.       This is a report out of your  
19     database.

20          Q.       Have you looked at the reports  
21     received through 12/11/89 for Pondimin?

22          A.       (No response from the witness.)

23          Q.       It's either -- you either have  
24     looked at them or you haven't.

25          A.       Well, what do you mean by looked at

1       them?

2                       MR. ADAMS: Objection to form;  
3       argumentative. Can you let him finish his answer?

4               A.       Are you asking me if I looked at  
5       them in a database? The database is what the  
6       database shows. Are you asking me have --

7               Q.       Have you looked at the underlying  
8       reports?

9               A.       No.

10              Q.       Okay. Do you know based on the  
11       underlying reports if any of the first 46 events you  
12       have listed on 4195T actually relate to pulmonary  
13       hypertension?

14              A.       I have no idea. Your database  
15       doesn't reflect that.

16              Q.       Do you know if any of the first 46  
17       Pondimin ADEs on your Exhibit 4195T are actually  
18       pulmonary hypertension reports that were sent to the  
19       FDA?

20              A.       According to your database, there  
21       are no pulmonary hypertension reports in there.

22              Q.       And do you know based upon actually  
23       looking at the underlying reports?

24              A.       I have not looked at the underlying  
25       reports.

1           Q.           One other thing about Q, 4195Q and  
2     R, when you talk about reporting to the FDA, you  
3     haven't made any attempt to include literature  
4     reports, have you, where a piece of literature  
5     describing a pulmonary hypertension report was sent  
6     to the FDA?

7           A.           If it's in the database, it's on  
8     these charts.

9           Q.           I understand you're talking about  
10    the database report. I'm asking you did you do  
11    anything where you included reports of pulmonary  
12    hypertension sent to the FDA where the report was an  
13    article in the published literature?

14          A.           You mean specifically to bring them  
15    out from the database; is that what you're asking me?

16          Q.           I'm sorry. I didn't hear you.

17          A.           Are you asking me, segregating  
18    those out from the database?

19          Q.           I'm talking about whether it was in  
20    the database or not.

21          A.           The database is the database.

22          Q.           So if there were reports from the  
23    published literature of pulmonary hypertension sent  
24    to the FDA through July of '96 that aren't in the  
25    database as you understand it, then you didn't



1 valve, regardless of whether it was regurgitation or  
2 something else and regardless of the level of  
3 regurgitation?

4 MR. ADAMS: Objection to form and  
5 foundation.

6 A. I don't have any knowledge of that.

7 Q. So when you talked about reports of  
8 valvular heart disease in that durational chart, that  
9 would include right sided regurgitation, no  
10 regurgitation but something else relating to the  
11 valves or levels of left sided valvular regurgitation  
12 that were traced or mild mitral; is that right?

13 A. I have no idea how the company used  
14 the term valvular heart disease. The database says  
15 valvular heart disease and I produced the report that  
16 way.

17 Q. Have you ever tried to figure that  
18 out --

19 MR. ADAMS: Objection to form.

20 Q. -- how the company used valvular  
21 heart disease at certain points in time?

22 MR. ADAMS: Objection to form and  
23 scope and foundation.

24 A. That wasn't the purpose of that  
25 analysis. The analysis was reports coded as valvular

1 heart disease.

2 Q. Well, does it say coded as valvular  
3 heart disease or does it just say VHD reports?

4 A. Well, are you talking here?

5 Q. On any of them. Nowhere does it  
6 say coded as valvular heart disease.

7 MR. ADAMS: Just for the record,  
8 I'd like to put in there that Wyeth stipulated to the  
9 authenticity of these charts for the Turley value.  
10 ^ CHECK THIS.

11 MR. ALEXANDER: We didn't. We  
12 stipulated that the database was accurate as produced  
13 at the time that the -- that the database that he was  
14 using was the database that Wyeth produced as of  
15 those dates. I don't remember us saying anything  
16 about his charts being accurate. In fact, we've  
17 always maintained that there are numerous  
18 inaccuracies and problems with these charts that make  
19 them misleading, and there should be no confusion in  
20 the record about that, and we continue to maintain  
21 that; but that's for another day.

22 Q. So my question is when you have  
23 these reports that say valvular heart disease  
24 reports, you're talking about coding and the coding  
25 is broader than certainly left sided FDA positive

1       valvular regurgitation; is that right?

2               A.       I don't know that that's true.

3               Q.       And you have never done anything to  
4       take account of -- well, strike that.

5                       You have never done anything to  
6       find out how Wyeth coded as valvular heart disease at  
7       any point in time?

8                       MR. ADAMS: Objection to the form;  
9       irrelevant; scope.

10              A.       The database says valvular heart  
11       disease. That's what I reported.

12              Q.       Okay. Is there a report that is  
13       limited to left sided FDA positive valvular  
14       regurgitation for any time period?

15              A.       No, I don't think so. .

16              Q.       Is there a report that you've done  
17       that's limited to primary pulmonary hypertension?

18              A.       No, I've not done a PPH report.

19              Q.       Is there a report that is limited  
20       to pulmonary hypertension where alternative causes  
21       have been ruled out?

22              A.       I would -- there is not reflected  
23       in the database that way, so no.

24              Q.       Is there a report that's limited to  
25       pulmonary arterial hypertension?

1 it belongs on that list or not.

2 Q. So that includes people who had  
3 valve surgery for some reason other than valve  
4 regurgitation?

5 A. I don't know what it includes. All  
6 the criteria -- I mean we can go through that report  
7 now. The criteria was it said it -- this person  
8 underwent valve replacement surgery in no clinical  
9 way. I mean if it wasn't clear, it didn't show up on  
10 that list.

11 Q. We'll talk about that.

12 A. Okay.

13 Q. We're just going to stick with  
14 4195A and walk through.

15 A. That's fine.

16 Q. When it says valvular heart disease  
17 report, is it your testimony that the only reports on  
18 this list are reports of valvular regurgitation of  
19 some sort?

20 A. That is correct.

21 Q. And is it limited to left sided  
22 valvular regurgitation?

23 A. No, it is not.

24 Q. Is it limited to FDA positive left  
25 sided valvular regurgitation?

1 A. No, it is not.

2 Q. You have 239 entries on this list  
3 going up through the day after withdrawal, September  
4 16th of 1997; is that right?

5 A. Yes.

6 Q. How many of those 239 are left  
7 sided FDA positive regurgitation?

8 A. Don't know.

9 Q. How many of them are left sided  
10 regurgitation?

11 A. Don't know.

12 Q. How many of them are -- well,  
13 strike that.

14 You, of course, made no attempt to  
15 weed out reports that were of valvular regurgitation  
16 that predated drug use; right?

17 A. That's correct.

18 Q. Okay. So those would be included  
19 in here?

20 A. They would if such exists. I don't  
21 even know that they do.

22 Q. Nobody has come to you and said,  
23 you know, Mr. Altman, I want you to remove the  
24 following entries because they're clearly pre-drug  
25 valvular regurgitation?

1           Q.       And like 4195A, this doesn't take  
2       into account anything about when the regurgitation  
3       started, whether it was due to something else or the  
4       level of regurgitation; right?

5           A.       I haven't done any of that. That  
6       was just -- this is purely objective criteria.

7           Q.       The idea was this would be an  
8       identification of reports that then an actual medical  
9       or scientific expert could look at and review the  
10      reports themselves; is that right?

11          A.       I believe that was the intention,  
12      sure.

13          Q.       Because you didn't -- you did not  
14      attempt to review the underlying reports for any  
15      substance?

16          A.       No. It was an attempt to  
17      understand the adverse event reporting processing of  
18      the reports.

19          Q.       Has either version of 4195D changed  
20      since July?

21          A.       I don't believe so.

22                   MR. ALEXANDER: We'll mark 4195D,  
23      both versions together, as Exhibit 7.

24                   (Deposition Exhibit 7 was marked  
25      for identification and attached hereto.)

1 A. That's correct.

2 Q. And do you understand that the  
3 majority of these fifty-seven hundred reports are  
4 actually lawsuits?

5 MR. ADAMS: Objection to form and  
6 foundation.

7 A. I don't have an understanding one  
8 way or the other. I haven't looked at it.

9 Q. And there's obviously no attempt to  
10 account for whether valvular heart disease reflects  
11 actual left sided valvular regurgitation; right?

12 A. This was simply an account of how  
13 many reports were coded as valvular heart disease by  
14 the company.

15 Q. And you don't know anything about  
16 what their practice was for why they coded certain  
17 things as valvular heart disease?

18 A. I don't have any specific knowledge  
19 of that.

20 Q. If Wyeth coded any mention of  
21 valves in any context, even if it was just a mention  
22 of valves in a complaint as valvular heart disease in  
23 the database in this time period, that would be  
24 something that wasn't at all taken into consideration  
25 by you in generating 4195E?

1 MR. ADAMS: Objection to form and  
2 foundation.

3 A. That was just a list of how many  
4 reports were coded as valvular heart disease or  
5 cardiovascular disorder.

6 Q. Which is it, valvular heart  
7 disease or cardiovascular?

8 A. Well, the cardiovascular disorder  
9 would have been before this particular report from  
10 March 1st to the withdrawal because that's all they  
11 used up to that point in time.

12 Q. Well, they started using valvular  
13 heart disease before withdrawal, didn't they?

14 A. Not really before withdrawal, I  
15 don't think so, not systematically. I would have to  
16 check. Maybe they did. I would have to check. But  
17 clearly the vast bulk of all those reports come in  
18 after withdrawal anyway.

19 Q. You're not saying that this report,  
20 4195E, Exhibit 8 to your deposition, is intended to  
21 show anything about how great the risk of Pondimin or  
22 Redux were?

23 A. It is -- I was asked to provide a  
24 count of how many reports there were, and that's what  
25 the report is. How that gets interpreted by somebody



1                   Q.           And can you just tell me how 4195G,  
2   Deposition Exhibit 10 was generated?

3                   A.           I did a search through all the  
4   narratives in the database for reports coming in  
5   after 9/15/97, looking for the words surgery and  
6   replacement. Once that was found, I then literally  
7   read each and every single narrative confirming  
8   whether or -- whether it did or did not say that the  
9   person had replacement surgery or didn't say they had  
10   replacement surgery; and if they did, what valve was  
11   involved.

12                  Q.           Does 4195G, Deposition Exhibit 10,  
13   include reports of surgery for something other than  
14   valvular regurgitation?

15                  A.           It has the word valve replacement  
16   surgery -- or what the purpose of that is, I didn't  
17   determine that. That's for an expert to decide.

18                  Q.           So it may or may not as far as  
19   you're concerned?

20                               MR. ADAMS: Objection to form.

21                  A.           I have no way to know one way or  
22   the other.

23                  Q.           And does 4195G, Deposition Exhibit  
24   10, include reports of valve surgery that were before  
25   the person took diet drugs?

1 Q. Those would all be included on  
2 4195G, based on the way you did it?

3 A. No, I believe I would have excluded  
4 something like that if it wasn't to a specific -- if  
5 it wasn't to a specific patient.

6 But frankly, I don't think those  
7 would have been in this database at all because there  
8 wouldn't have been adverse event reports. If you  
9 can't identify a specific patient, you wouldn't have  
10 done an adverse event report. So I don't think, to  
11 the best of my knowledge, that those would have been  
12 in here.

13 Q. Do you know if Wyeth's practice  
14 between '97 and let's say '99 was to do individual  
15 ADEs for every plaintiff listed on the complaint; did  
16 you know that?

17 MR. ADAMS: Objection to form.

18 A. I don't know one way or the other.

19 Q. Do you know if Wyeth's practice  
20 was, when there was a complaint listing many  
21 plaintiffs and there was a common assertion of the  
22 type of injury that had been suffered by all, let's  
23 say, 200 plaintiffs on a complaint, if there would be  
24 then 200 ADEs generated that would include that  
25 common description of alleged problems?

1           A.           I have no way to know.

2           Q.           Should those kind of reports be  
3 included on here if one of the problems listed in the  
4 laundry list of problems was surgery?

5                       MR. ADAMS: Objection to form and  
6 scope.

7           A.           I don't know one way or the other.  
8 I don't know that that happened. I don't know  
9 whether that was done or not.

10          Q.           Did you attempt to delete those or  
11 exclude those from any of your summaries of valve  
12 replacement surgery?

13                       MR. ADAMS: Object to form and  
14 foundation.

15          A.           If there are individual reports in  
16 there, I would not have excluded them.

17          Q.           Even if they were derived from what  
18 I just explained of a complaint that actually didn't  
19 allege that each person on the complaint had that  
20 problem?

21          A.           Well, to be honest with you, I  
22 don't think those were -- I don't know that they  
23 should have been entered in as adverse events. If  
24 you don't have an identifiable adverse event to an  
25 identifiable patient, I don't know that these are in

1 here. But if the company decided to do something  
2 that way, I don't have any way to know, and I just  
3 simply looked at the narratives. If the narratives  
4 said they had surgery, it's on that list.

5 Q. Can you tell -- well, can you  
6 testify as to how many of the people on Exhibit 4195G  
7 actually did have valve surgery as opposed to they  
8 had a complaint that mentioned something about valve  
9 surgery?

10 A. I sat and reviewed these reports  
11 and looked at them to see that it said they had valve  
12 surgery. Now --

13 Q. So they should not be included if  
14 all there was was a complaint that said these people  
15 have suffered various problems, one of which is valve  
16 surgery?

17 A. If that's what the native said, I  
18 don't think that that would be in here. But if they  
19 put it into the system in a different way that said  
20 these people had valve surgery, then I don't have --  
21 I mean the narrative says had valve surgery. It's  
22 there.

23 Q. Did you notice that there were a  
24 series where the reports were all received on a  
25 specific day and that there are a whole bunch of

1       alleged valve surgeries received the same day that  
2       were described the same way?

3               A.       I don't recall one way or the  
4       other.

5               Q.       Now, H is exactly the same thing as  
6       G. It's just based on mitral or unspecified valve  
7       surgery, whereas G is based on aortic?

8               A.       And they are mutually exclusive.

9               Q.       Okay. And they are -- you  
10      generated exactly the same way?

11              A.       Done the same way. This just said  
12      it was either mitral or unspecified.

13              Q.       Now, I mean just -- I picked up a  
14      random page here --

15              A.       Uh-huh.

16              Q.       -- of H. On page 28 it talks in  
17      the first description, initial information was  
18      received from an attorney regarding A.

19                      Did you ever attempt to do anything  
20      to identify or call out one that came from legal  
21      complaints?

22              A.       No.

23              Q.       Okay. And do you have any  
24      understanding about H, how many of these are actually  
25      the result of lawsuits?

1                   Q.           Okay. Just some expert eventually  
2                   was supposed to take what you did here with 4195G and  
3                   4195H and then make their own determination about  
4                   what this meant?

5                   A.           Correct.

6                   Q.           You're not offering any opinions  
7                   about what any of this means; right?

8                   A.           All I can say is there are a number  
9                   of reports in the database that appear to say that  
10                  the person had some kind of valve replacement  
11                  surgery.

12                  Q.           And you're not saying if that's a  
13                  lot or a little or more than expected based upon  
14                  background records?

15                  A.           I have no opinion based on that.

16                               MR. ALEXANDER: We'll mark as  
17                  Exhibit 12, 4195I.

18                               (Deposition Exhibit 12 was marked  
19                  for identification and attached hereto.)

20                  Q.           And as I understand it, 4195I is  
21                  now based upon the SQ database as opposed to the  
22                  CDSSS database?

23                  A.           That is correct.

24                  Q.           Now, again you made no attempt to  
25                  determine which of these 372 reports were the result

1 somebody didn't really have primary pulmonary  
2 hypertension and valvular heart disease resulting in  
3 valve surgery; right?

4 MR. ADAMS: Objection to form and  
5 scope.

6 A. I'm just -- that's for some expert  
7 to decide what the meaning of this is. All I did was  
8 present a report of what's in the database that says  
9 valve replacement surgery.

10 Q. Do you know if actually the  
11 majority of the entries on Exhibit 4195I are the  
12 result of this kind of boilerplate language from  
13 complaints without any evidence that the individual  
14 actually had valve surgery?

15 A. Your database says that this person  
16 had valve surgery, it's on that list.

17 Q. Well, the database doesn't say  
18 valve surgery. It just repeats the language from the  
19 complaint, doesn't it?

20 MR. ADAMS: Objection to form and  
21 foundation; a mischaracterization.

22 A. The database -- what you have is a  
23 printout of exactly what the database says.

24 Q. Did plaintiffs -- did any of the  
25 plaintiff's lawyers ever tell you that the majority

1 Exhibit 13, 4195J.

2 A. Okay.

3 Q. And there's actually no information  
4 in this complaint about these individuals having this  
5 particular problem. It's the same language in here  
6 when it describes the injury that they have suffered  
7 where it gives this list of various different types  
8 of problems collectively?

9 A. I just thought I saw it here where  
10 it said --

11 MR. ADAMS: I'm sorry. Was there a  
12 question?

13 Q. Do you know if that's right, what I  
14 just said?

15 A. They appear to come from the same  
16 complaint. I also look here and it says medical  
17 records are on file.

18 Q. Uh-huh.

19 A. And one would assume that they  
20 would have gotten medical records and would have  
21 adjusted the terms on the report through the revision  
22 process of which the company actively does as we've  
23 discussed before, that they would have adjusted the  
24 terms to reflect that particular person.

25 Q. Do you know how many, if any, of



1 these people had valve surgery actually?

2 A. I can only go by what the company's  
3 database says.

4 Q. So what you've done is when you  
5 have dozens of people listed on the same complaint  
6 that has the same language alleging a common injury,  
7 is you've included all of them; right?

8 A. Your database listed reports that  
9 specified surgery. That is the list I provided here.

10 Q. Well, I can show you the part of  
11 the complaint. It's from page 22 of this particular  
12 complaint, and you see where it says, as a direct  
13 result, the plaintiffs have sustained -- and it  
14 refers to a whole bunch of plaintiffs simultaneously.  
15 They're not broken up individually -- serious and  
16 permanent injuries, including but not limited to, and  
17 then it gives a list A through P, which includes  
18 valve surgery?

19 A. Okay.

20 Q. Do you see that?

21 A. Okay.

22 Q. And that's consistent with looking  
23 at the data that you have that there's no allegation  
24 that each of these people actually had valve surgery.  
25 But you've included every single one of them on your

1 list, 4195J, as if they had actually had valve  
2 surgery --

3 MR. ADAMS: Objection to form.

4 Q. -- is that right?

5 MR. ADAMS: It mischaracterizes the  
6 document.

7 A. Well, I provided what's in the  
8 data. If the database says valve surgery, this --  
9 the database was produced to me after three years  
10 after that complaint was drawn. One would have  
11 thought you would have updated the narratives to  
12 reflect the entries for each person. It says that  
13 you have the medical records on file, so one would  
14 assume that they didn't do it. You know, so there  
15 it's -- that's how it's done.

16 Q. Well, how many of the valve  
17 surgeries in 4198I, J or K are exactly like this,  
18 that there is no evidence the person actually had  
19 valve surgery; it's just part of a laundry list  
20 allegation in the complaint?

21 MR. ADAMS: Objection to form.

22 A. I don't agree that there's no  
23 evidence.

24 Q. I'm asking how many of them have no  
25 evidence that that particular individual had valve

1 surgery?

2 A. There's evidence because your  
3 company put it in the database that way.

4 Q. Other than how it was in the  
5 database where --

6 A. Well, I don't know what -- sorry.

7 Q. Other than repeating the language  
8 from the complaint, which is what you see exactly  
9 happened, how many of the people in these reports I,  
10 J and K have no other evidence that they actually had  
11 valve surgery?

12 MR. ADAMS: Objection to form.

13 A. I have no way to know that, because  
14 your client who -- this database was given to me  
15 three years after that complaint came in the door.  
16 Your client says medical records were on file, and  
17 clearly your client had an opportunity to make sure  
18 their adverse event database was consistent with the  
19 current state of medical knowledge based on those  
20 reports. If they didn't do that, then maybe this is  
21 correct. So to say that there's no evidence, I can  
22 only go by what's in your database.

23 Q. I'm asking what you know. Do you  
24 know if those people who have this language included  
25 from their complaint in the narratives actually had

1 valve surgery?

2 A. I am going by what the database  
3 says. I don't know these people personally. All I  
4 can do is tell you what your database says.

5 Q. Are you in a position to dispute  
6 the following; that out of these three charts, 437 of  
7 the reports did not have valve surgery?

8 MR. ADAMS: Objection to form and  
9 foundation.

10 A. Well, it's kind of a --

11 Q. Can you dispute that number?

12 MR. ADAMS: Objection to form and  
13 foundation.

14 A. I don't have any reason, but you've  
15 included reports that I've acknowledged don't have  
16 valve surgery, so I don't even know why you've done  
17 that.

18 You know, a meaningful number would  
19 be what -- how many in this chart don't have valve  
20 surgeries. But to include the one that I say doesn't  
21 include -- those people didn't have valve surgeries  
22 is kind of meaningless.

23 Q. Okay. Well, then I'm sorry. I'm  
24 actually -- let me limit it then to 12 and 13.  
25 Between them they have a total of 649 entries; right?

1 A. 277. It looks that way.

2 Q. 372.

3 A. That would be 649, yeah.

4 Q. Okay. So between Exhibits 12 and  
5 13 to your deposition, the charts I and J, you have a  
6 total of 649 surgery reports. Can you say how many  
7 of them actually had surgery on their valves because  
8 of anything? Let's just start with valve surgery.

9 MR. ADAMS: Objection to form and  
10 scope.

11 A. Your database says 649 had surgery.  
12 I have no other number I can give you.

13 Q. Do you know if 437 of them were  
14 people who didn't have valve surgery --

15 MR. ADAMS: Objection to form and  
16 foundation.

17 Q. -- according to any information  
18 that was available?

19 A. All I have is what's in this  
20 database here:

21 Q. Are these limited to U.S. cases?

22 A. No, unless the data produced to me  
23 limited it to U.S. cases.

24 Q. Well, that includes published  
25 literature; right; which can be from other countries;

1 hypertension with the Pondimin that occurred in the  
2 fall of maybe August or September of 1995, that's not  
3 reflected here?

4 MR. ADAMS: Objection to form.

5 A. Ask that question again. I'm  
6 sorry.

7 Q. Well --

8 A. I don't mean to rephrase it. I  
9 just missed it.

10 Q. That's fine. On September 8, 1995,  
11 Wyeth told the FDA that there had been 51 foreign  
12 reports of pulmonary hypertension with Pondimin and  
13 one United States report of pulmonary hypertension  
14 with Pondimin.

15 That's not reflected on your chart,  
16 4195L, is it?

17 MR. ADAMS: Objection to form and  
18 foundation.

19 A. If it took place, and I don't know  
20 whether it did or it didn't, the company didn't  
21 reflect it in its database.

22 Q. And if FDA had these reports from  
23 another means, that's also not reflected on column C  
24 or in this chart at all?

25 A. Well, I'd be gravely concerned if

1 foundation.

2 A. If that's how the company would  
3 have coded it.

4 Q. And again, you don't know how they  
5 coded it?

6 MR. ADAMS: Objection to form; a  
7 mischaracterization.

8 A. They coded it as valvular heart  
9 disease. It's on the list.

10 Q. I'm sorry. You don't know what  
11 Wyeth's criteria were for coding something as  
12 valvular heart disease, do you?

13 A. That's correct.

14 Q. So do you know how many of the  
15 entries on 4195M actually have FDA positive left  
16 sided regurgitation?

17 A. I don't.

18 Q. You know that there are entries  
19 here that have either no valvular regurgitation or  
20 right sided valvular regurgitation or just trace left  
21 sided regurgitation, don't you?

22 MR. ADAMS: Objection to form.

23 A. I don't have any knowledge at all.  
24 I don't. You asked me, and I don't know. I didn't  
25 look.

1 anything?

2 A. They can do that if they choose to  
3 do that.

4 Q. And you obviously -- well, frankly  
5 you didn't have any exclusion criteria, did you?

6 A. No.

7 Q. And --

8 A. Other than -- well, that's not  
9 true. I mean it had to be, you know, 15 to 60 days.  
10 I think for -- because of the way the duration data  
11 had been entered, I excluded from CDSSS things that  
12 had more than one entry of durations. I threw those  
13 out, so I probably threw some away. If it didn't  
14 have start and end dates, I threw those away; so  
15 yeah, I did have exclusion data. I had to have a  
16 good start and a good end date, and I view this as a  
17 -- you know, as a floor of the number of reports  
18 coded as valvular heart disease with those durations.

19 Q. But you did not intend to include  
20 anybody who took a total of Pondimin and Redux for  
21 more than 60 days on Exhibit 4195M, did you?

22 A. I did not intend to do that, and if  
23 that date -- if the duration data as entered by the  
24 company is incorrect, it is possible that this number  
25 might be incorrect.



1 Q. I'm not done.

2 You just went on Box C3?

3 A. No, I did not.

4 Q. Okay. What did you go on?

5 A. I went in the company's database  
6 that reflects each and every drug that the person  
7 took, and there could be 27 drugs in there and how  
8 long they took it for. So no, I did not sit and look  
9 at the med watch reports in any way, shape or form.  
10 This is completely generated from within their  
11 database.

12 Q. How did this one fall through the  
13 cracks?

14 MR. ADAMS: Objection to form; it  
15 mischaracterizes.

16 A. Well, let's take a look and see.  
17 If we take a look at the company's database and if  
18 they didn't enter the fact that the person took Redux  
19 for two months, it may have fallen through the cracks  
20 that way.

21 Q. You're saying that the only way  
22 this would have fallen through the cracks is if Redux  
23 wasn't entered into the database?

24 A. If they didn't put duration data  
25 down for Redux, that's probably how it fell through

1 the cracks. If you'd like, we can -- or I can look  
2 at the raw data of that particular report and we can  
3 come to that conclusion, or I'll research that for  
4 you and get back to you on it.

5 MR. ALEXANDER: This is -- I've  
6 marked it at Plaintiff's counsel's request. Exhibit  
7 17 is the ADE that I was just referring to, but it  
8 correlates to entry number 17 on Exhibit, Deposition  
9 Exhibit 16, which is 4195M.

10 THE WITNESS: Uh-huh.

11 (Deposition Exhibit 17 was marked  
12 for identification and attached hereto.)

13 Q. And you acknowledge then that this  
14 is somebody who took for more than 60 days and  
15 shouldn't be included as a list -- as somebody who  
16 took for 15 to 60 days; right?

17 MR. ADAMS: Objection to form.

18 Q. Do you agree with that?

19 MR. ADAMS: Do you understand his  
20 question?

21 A. I would agree that the company  
22 didn't data enter this report correctly.

23 Q. It shouldn't be on this chart?

24 A. No, it should be on this chart and  
25 the reason it should be on this chart is because

1       that's the way the company put the data in the  
2       database.

3                       Now I want to make something very  
4       clear here. The chart is not in error. The database  
5       is in error.

6               Q.       Did you actually look at any of the  
7       underlying source material or did you just go off the  
8       database?

9               A.       I went off the database. The  
10       database generates the source material.

11              Q.       Let's pick another one out. It's  
12       the sixth entry you have here.

13              A.       Okay.

14              Q.       Just take a look at that. I'll  
15       hand you the med watch form that correlates with the  
16       sixth entry on 4195M.

17                      Why is that included as a report of  
18       valvular heart disease?

19              A.       This is the additional report. It  
20       could have been done from a follow-up report, so it  
21       was coded by the company at some point as valvular  
22       heart disease.

23              Q.       Do you know if there's another  
24       follow-up report on this ADE?

25              A.       Well, let's get the database and

1 to represent that there are more cases of short-term  
2 usage and valvular regurgitation than would be  
3 expected; right?

4 A. I don't have an opinion one way or  
5 the other.

6 MR. ALEXANDER: Exhibit 19 is  
7 4195N, and this is pulmonary hypertension reports 15  
8 to 90 days duration.

9 (Deposition Exhibit 19 was marked  
10 for identification and attached hereto.)

11 Q. Is this a subset of L?

12 A. No.

13 Q. This is an update based on  
14 different search criteria?

15 A. It was done exactly the same way.  
16 It's just that the term is pulmonary hypertension as  
17 opposed to valvular heart disease. But any of these  
18 issues you brought out of the last one would be  
19 issues with this one. It was done exactly the same  
20 way, the same criteria.

21 Q. If somebody took Pondimin plus  
22 Redux for more than 90 days, should that be included  
23 here on this report, 4195N?

24 MR. ADAMS: Objection to form.

25 A. If your database says that -- if

1 the database says they took it for less than 90 days,  
2 it should show up here. And if the database is  
3 wrong, I can't help it.

4 Q. You didn't review the ADE files or  
5 med watch forms or anything like that for 4195N?

6 A. No. I relied upon the same  
7 database that the company relies upon to conduct its  
8 daily safety surveillance, so that seemed to me to be  
9 reasonably reliable.

10 Q. Does this include cases of  
11 pulmonary hypertension that developed before the  
12 person was on the drug?

13 A. I have no way to know one way or  
14 the other.

15 Q. Does this limit it to primary  
16 pulmonary hypertension?

17 A. I don't -- I have no way to know  
18 one way or the other.

19 Q. You know that cases are coded as  
20 pulmonary hypertension even if it's pulmonary  
21 hypertension associated with a secondary cause;  
22 right?

23 A. I think that's how they did it.

24 Q. And again, you're not in a position  
25 to say that this represents more than would be

1 10/15/71. The second one is 6/22/72. Pondimin  
2 wasn't on the market in the United States at that  
3 time; right?

4 A. I think that's correct.

5 Q. Why are they in the database as  
6 post-marketing reports?

7 A. Because the company might have  
8 entered them at that point. I don't know why the  
9 company entered the -- entered reports into the  
10 database.

11 Q. Do you know what these reports are  
12 about at all?

13 A. If I open up the database, I could  
14 tell you everything you want to know about them. But  
15 not to --

16 Q. You're not saying -- I'm sorry.  
17 You're not saying that any of these pre-1990 reports  
18 have anything to do with pulmonary hypertension or  
19 valvular heart disease?

20 A. It wasn't the purpose of the chart.  
21 It was just simply a list of just how many reports  
22 there, the company had as of March 1st of 1995 in its  
23 database.

24 MR. ALEXANDER: And I've marked  
25 4195T as Exhibit 24 to your deposition.